

## Application Data Sheet

### **Application Information**

Application number:: Not Yet Assigned  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: N/A  
CD-ROM or CD-R?:: Listing  
Sequence submission?:: Paper  
Computer Readable Form (CRF)?:: Yes  
Title:: *B. ANTHRACIS PREVENTION AND TREATMENT: MUTANT B. ANTHRACIS LACKING LUXS ACTIVITY AND FURANONE INHIBITION OF GROWTH, AI-2 QUORUM SENSING, AND TOXIN PRODUCTION*  
Attorney Docket Number:: 05986/100M724-US1  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 22  
Small Entity?:: Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Marcus  
Middle Name:: B.  
Family Name:: Jones  
City of Residence:: New York

State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 564 1st Avenue  
Apt. 15L  
City of mailing address:: New York  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 10016

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Martin  
Middle Name:: J.  
Family Name:: Blaser  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 9 Washington Mews  
City of mailing address:: New York  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 10003

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Thomas  
Middle Name:: K.  
Family Name:: Wood  
City of Residence:: Tolland  
State or Province of Residence:: CT  
Country of Residence:: US  
Street of mailing address:: 15 Doe Run

City of mailing address:: Tolland  
State or Province of mailing address:: CT  
Postal or Zip Code of mailing address:: 06084

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ren  
Middle Name::  
Family Name:: Dacheng  
City of Residence:: Ithaca  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 201 Maple Ave., Apt B #23  
City of mailing address:: Ithaca  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 14850

#### **Correspondence Information**

Correspondence Customer Number:: 07278

#### **Representative Information**

Representative Customer Number:: 07278

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/462,254	04/11/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/462,255	04/11/03